State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

Page  $\frac{1}{}$  of  $\frac{1}{}$ 

	Out-of	-State	Trip N	0.	✓ Travel												
Claimant's Name					<del></del>								es Num	iber		-	
Mary	Ann V	√arme	rdam			91	6-445-4(	000		1	<u> </u>				x <del>00</del>		
Home /	Address				City			78.2.5.2	-,- ,-	, ,		Position Direct					
							٠.	State	Zip C	Code		Branch	LUI		CB	/I No.	
1001 I Street						nto	CA		95814			ecutive Office				Exempt	
(1) Mon	th/Year	D		cation Where Expenses Were	(4)	(5)	Meals		(6)	(7)	Transpo	rtation			(8) Business	(9) Total	
4/10		a	Incurred (I	ed (Between what Points)	Lodging				Incid'l	(A) Cost	(В) Туре	(C) Tolls		(D) Private Car		Expenses for Day	
(2) Ti	1	e				Breakfast	Lunch	Dinner	1			Carfare Pkg.		Γ	1		
Depart	Return	22	Sacto /	San Benito/San Luis Obisp	0 94.13		10.00	18.00		<u> </u>	SC		Miles	Amt.		122.13	
1000	1800	23		is Obispo/Sacto.	94.13	6.00	10.00	10.00	6.00		SC	4.00		<b>†</b>	<u> </u>	26.00	
	1600	23	<del> </del>			0.00					<u> </u>		l		<del>                                     </del>	0.00	
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			COUN	TY AGRICULTURAL -										ļ		0.00	
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			Jse On	ly)	6 10	- 00	<del>-</del>							-			
TRAVEL ADVANCE						\$ 125.00											
(10) CLAIM TOTAL (11) Purpose of Trip, Remarks & Details												T	1 9	*	140.13		
l ` ′	•		• .										1 ' '		ork Hours		
4/22:(4): hotel chargereceipt attached													0800-1700				
4/23:(7)(C): bridge toll in Martinez (no receipt)												(13) Private Vehicle License No.					
													(14) Mileage Rate Claimed				
(15) I	HEREB	Y CER	ΓΙFY, tha	at the above is a true statem	ent of the tra	vel expens	es incurred	l by me in	accordan	ce with E	PA rules in	the serv	ice of th	ne State o	f Californi	a. If a	
that I	ely owne	a venic the rea	uirement	sed, and if mileage rates ex ts as prescribed by SAM Se	ections 0750	imum rate, - 0754 pert	aining to v	ehicle saf <u>e</u>	ty and se	at belt us	age.	equal to t	Ji gican	or tildli til	rate clain	ica, ana	
Clai								•					Date				
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(16)								=	cial Ex	pense A	Authoriza						
(10)										1		`		V	ŕ		
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Index		PC	CA ·	%	Obj. Code		Amount		Tax Non-Ta		Non-Tax	x Check Number		ber	TEC Amt. Due		
2100		13000		100													
	Fo	rward	l arigir	nal and one copy, wi	h require	d vouch	ers/rece	ints, (ori	ginal a	nd one	copy), to	DPR'	s Acco	unting	Office	***************************************	